

The Graduate School and University Center
of The City University of New York
365 Fifth Avenue, New York, NY 10016
Office of the Registrar



Application for En-Route Master's Degree [Award Date] September February June 20 _____

I. Certification (to be completed by the Executive Officer):

1. **Student's Name as it is to appear on diploma:** _____

2. **Address:** (Number) _____ (Street) _____ (Apt No.) _____
(City) _____ (State) _____ (Zip) _____

3. **Telephone number:** _____ (area code) (_____) _____ - _____

4. **Title of Paper/Project Submitted in lieu of Thesis:** _____

Faculty Approval

Print and Sign: 1. _____ 2. _____ 3. _____

5. **Please circle the name of the CUNY college from which the degree is requested:** _____

Graduate Center, City, Hunter, Baruch, JJay, Brooklyn, CSI [Queens – MA in Psych OR MA in Behavioral Neuroscience]

6. **Remarks:** _____

7. _____ / _____ / _____
Date Signature of Executive Officer

II. Verification (to be completed by the Registrar of The Graduate Center):

1. **Total number of credits completed:** _____
(minimum 45)

2. **Grade Point average:** _____
(minimum 3.0)

3. **Date First Doctoral Examination passed:** _____ / _____ / _____

4a. **Student is registered for the current semester:** Yes No

4b. **Student's financial account is cleared:** Yes No

5. **Paper/Project is attached:** Yes No

6a.: I hereby recommend the above named student for the En-Route Master's Degree.

6b.: The above named student is ineligible.

7. **Remarks:** _____

8. _____ / _____ / _____
Date Signature of the Senior Registrar

III. Disposition (to be completed at the CUNY College granting the degree):

1. Degree Granted Degree Not Granted

2. **If degree granted, a. Degree Awarded (e.g. MA, MS, etc.):** _____

b. **Effective date of the degree:** _____ / _____ / _____

3. **Remarks:** _____

4. _____ / _____ / _____
Date Signature and Title